

	0 1 1 06							
Fill in this info	rmation to identify your case:			neck one box only a 2A-1Supp:	as directed in this form an	d in Form		
Debtor 1	Barbara A Vodopija		_	ΖΑ- 1ουρμ.				
Debtor 2			_	☑ 1. There is no p	presumption of abuse			
(Spouse, if filing) United States	Bankruptcy Court for the: Eastern District of	Pennsylvania	_	applies will	on to determine if a presu be made under <i>Chapter 7</i> (Official Form 122A-2).			
Case number (if known)			-	☐ 3. The Means	Fest does not apply now bitary service but it could a			
				☐ Check if this	is an amended filing	. ,		
Official F	Form 122A - 1				-			
	7 Statement of Your Cur	rent Month	nlv Inc	come		12/19		
a separate shee number (if know military service,	and accurate as possible. If two married people at to this form. Include the line number to which then.). If you believe that you are exempted from a promplete and file Statement of Exemption from F	e additional informati esumption of abuse l	ion applies because yo	. On the top of any a ou do not have prim	additional pages, write your arily consumer debts or bed	name and case ause of qualifying		
	alculate Your Current Monthly Income							
1. What is your marital and filing status? Check one only.								
 ✓ Not married. Fill out Column A, lines 2-11. ✓ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. 								
	ed and your spouse is NOT filing with you.) <u>Z</u> -11.				
	ing in the same household and are not lega	• •		olumns A and B, lir	nes 2-11.			
pe	ing separately or are legally separated. Fill on nalty of perjury that you and your spouse are leart for reasons that do not include evading the	gally separated und	er nonban	kruptcy law that ap	plies or that you and your			
For example, add the incor	erage monthly income that you received from all so if you are filing on September 15, the 6-month period ne for all 6 months and divide the total by 6. Fill in the ty, put the income from that property in one column or	would be March 1 thro result. Do not include	ough August any income	t 31. If the amount of amount more than o	your monthly income varied d nce. For example, if both spou	uring the 6 months,		
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse			
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before payroll deductions).			(before all	\$	0 \$			
	and maintenance payments. Do not include 3 is filled in.	payments from a sp	oouse if	\$	0_ \$			
of you o from an ເ and room	4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							
5. Net inco	me from operating a business, profession,	or farm						
		Debtor '	1					
Gross re	ceipts (before all deductions)	\$ <u>0.00</u>						
Ordinary	and necessary operating expenses	-\$ <u>0.00</u>						
Net mont	thly income from a business, profession, or farr	n \$ <u>0.00</u> Co _l	py here ->	• \$0.0	<u>0</u> \$			
6. Net inco	me from rental and other real property							
Debtor 1								
	ceipts (before all deductions)	\$ 0.00						
•	and necessary operating expenses	-\$ <u>0.00</u>			_			
Net mont	thly income from rental or other real property	\$ <u>0.00</u> Co _l	py here ->	•\$0.0				
7. Interest,	dividends, and royalties			\$ 0.0	0 \$			

Official Form 122A-1

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Barbara A Vodopija Case number (if known) Column A Column R Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\$ For your spouse.....\$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 0.00 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below... 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 0.00 0.00 \$ Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 0.00 **x** 12 Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b 0.00 13. Calculate the median family income that applies to you. Follow these steps: PA Fill in the state in which you live. Fill in the number of people in your household. 66,923.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Barbara A Vodopija Barbara A Vodopija Signature of Debtor 1

Official Form 122A-1

Date November 1, 2024

Debtor 1	Barbara A Vodopija	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	n.	